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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number 201487/1070 (KUV-101PCT-US) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------|--|
| CERTIFICATE OF MAILING | In re Application of Amagai et al. | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with | Application Number 09/937,739 Filed March 30, 2000 | | |
| sufficient postage for first class mail in an envelope addressed to Mail Stop AF, Commissioner for | For AUTOIMMUNE DISEASE MODEL ANIMAL | | |
| Patents, P.O. Box 1450, Alexandria, VA 22313- 1450 on | Group Art Unit 1632 | Examiner Q. Janice Li, M.D. | |
| Signature: Augelica Storuse | - Stoup Aut Offic 1032 | Examiner Q. James El, W.D. | |
| Name: Angelica Grouse | | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and appropriate entity fee are as follows (check time period desired): | | | |
| One month (37 CFR | .17(a)(1)) - (\$60/\$120) | \$ | |
| E Two months (37 CFR 1.17(a)(2)) - (\$225/\$450) | | \$ <u>450.00</u> | |
| ☐ Three months (37 CF | ☐ Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) \$ | | |
| ☐ Four months (37 CFR | 1.17(a)(4)) - (\$795/\$1590) | \$ | |
| ☐ Five months (37 CFR | 1.17(a)(5)) - (\$1080/\$2160) | \$ | |
| ☐ Applicant claims small entity status. | | | |
| A check to cover the fee is enclosed. | | | |
| ☐ Payment by credit card. Form PTO-2038 is attached. | | | |
| ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. | | | |
| The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 14-1138 . I have enclosed a duplicate copy of this sheet. | | | |
| am the applicant/inventor | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| attorney or agent of rec | ■ attorney or agent of record. | | |
| attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| November 17, 2005 Novem J. Convolution Signature | | | |
| | | Noreen L. Connolly | |
| Typed or printed name | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total offorms are suf | omitted. | | |

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